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## BIB DATA SHEET

CONFIRMATION NO. 4891

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/067,181	02/04/2002 RULE	705	3626	22467.30018		
<b>APPLICANTS</b> David A. Martin, Bentleyville, OH; David R. Montgomery, Hudson, OH; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/339,479 06/24/1999 PAT 6,862,571 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> SMALL ENTITY ** 02/28/2002						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /R. DAVID RINES/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
			OH	0	13	3
<b>ADDRESS</b> Emerson, Thomson & Bennett, LLC 777 W. Market Street Akron, OH 44303 UNITED STATES						
<b>TITLE</b> Method of medical malpractice and insurance collaboration						
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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